Effectiveness of the Washington Tobacco Quit Line

Joint Conference on Health Wenatchee, WA October 2002

Presentation Objectives

- Describe the services of the Washington
 State Tobacco Quit Line
- Describe the effectiveness of the Quit Line in reaching populations of tobacco users
- Describe the effectiveness of the Quit Line in helping tobacco users to quit

Statement of the Problem

- About 1 million addicted, adult tobacco users in Washington State (in 2000)
- About 70% of tobacco users say they want to quit
- Low-income people are more likely to smoke, more likely to have barriers to community-based support, and less likely to have access to cessation support through health care systems

Why a Quit Line?

- Phone counseling is as effective as faceto-face individual or group counseling, but more cost-efficient
- Easily accessible throughout the state
- No appointment necessary convenient to the client
- Confidential
- Can have tailored protocols for special population groups (CATI)

The Washington Tobacco Quit Line

Washington Tobacco Quit Line

Easy Access:

- 1-877-270-STOP
- 1-877-2NO-FUME (Spanish)
- 1-877-777-6534 (Hearing Impaired)
- www.quitline.com
- Launched November 15, 2000
- Provided through a contract with Group Health Cooperative Center for Health Promotion, which also provides several other state Quit Lines

Quit Line Services

- One-on-one counseling from trained specialists
- A quit plan designed especially for each caller
- Information about other resources, such as insurance benefits and additional programs available in local areas
- A tobacco "Quit Kit"
- For motivated quitters who are low-income or uninsured – proactive follow-up calls and nicotine replacement therapy (patches, gum)

Quit Line Counselors

- Have a bachelors degree in health education, counseling, or a related field
- Are non-smokers or ex-smokers with at least 2 years of abstinence
- Have previous experience with phone counseling, behavioral change programs, or addiction work
- Participate in ongoing training

Quit Line Research

 Quit Lines are strongly recommended as "best practice" for population-based tobacco cessation support

Hopkins DP, Fielding JE. 2001. The Guide to Community Preventive Services: Tobacco Use Prevention and Control. Am J Prev Med. 20(2s).

Counseling through a Quit Line approximately doubles abstinence rates [11.7% and 5.2% in treatment and control groups at 6 months follow-up]

Zhu, et al. NEJM 2002; 347:1087-93.

Evaluation Questions

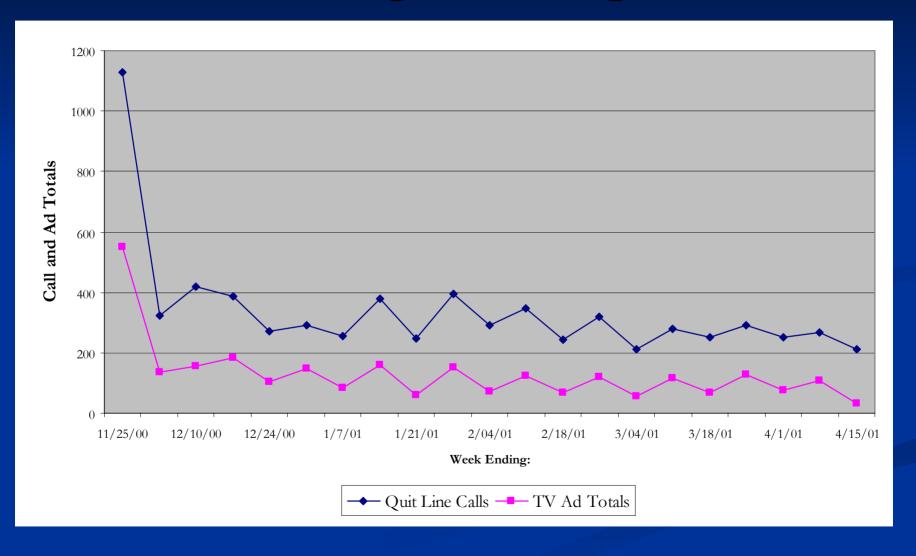
- Does "everyone" know about the Quit Line?
- Does "everyone" call the Quit Line?
- Does "everyone" who calls feel satisfied with service?
- Does "everyone" who calls improve quitting skills?
- Is the Quit Line an efficient use of resources?

Telling people about the service

Marketing the Quit Line

- Target Audience: Tobacco Users who want to quit
- Marketing strategy:
 - TV ads statewide [initially used existing ads]
 - Bus ads
 - Billboards
 - Posters, coasters, postcards
 - Website: www.quitline.com

Marketing Through TV



How callers hear about the QL

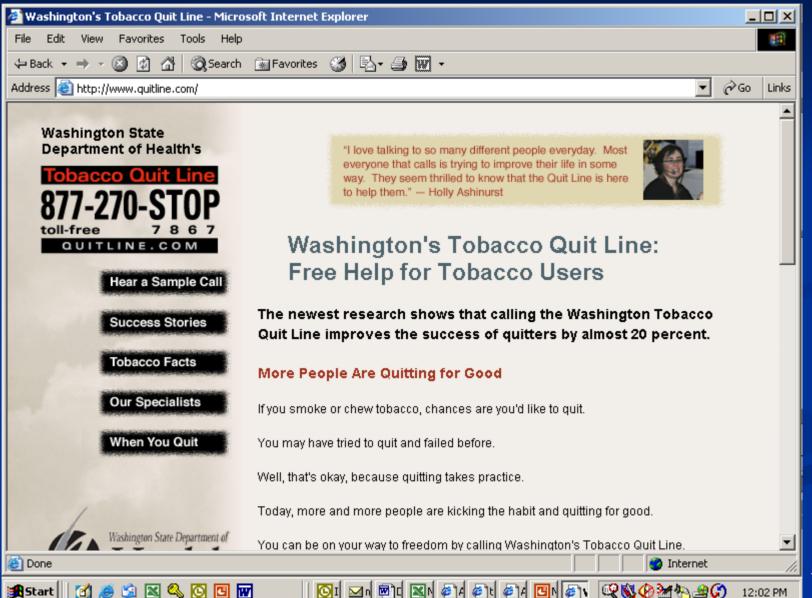
 About one in four tobacco users statewide know about the Quit Line

- "How did you hear about the Quit Line?"
 - TV 36.9%
 - Family or Friend 15.9%
 - Health Care Provider 15.0%
 - Past Caller 12.0%
 - Newspaper/Magazine 5.5%

Focus Group Feedback

- "Helping Hand" approach works best
- Potential callers wanted to know the service was free, friendly, effective
- Wanted counselors to be ex-smokers or to have had personal experience with quitting (sympathetic)
- Wanted to know: what am I going to get when I call?
- Campaign 'freshened' in July 2002

Improved Marketing



Improved Marketing

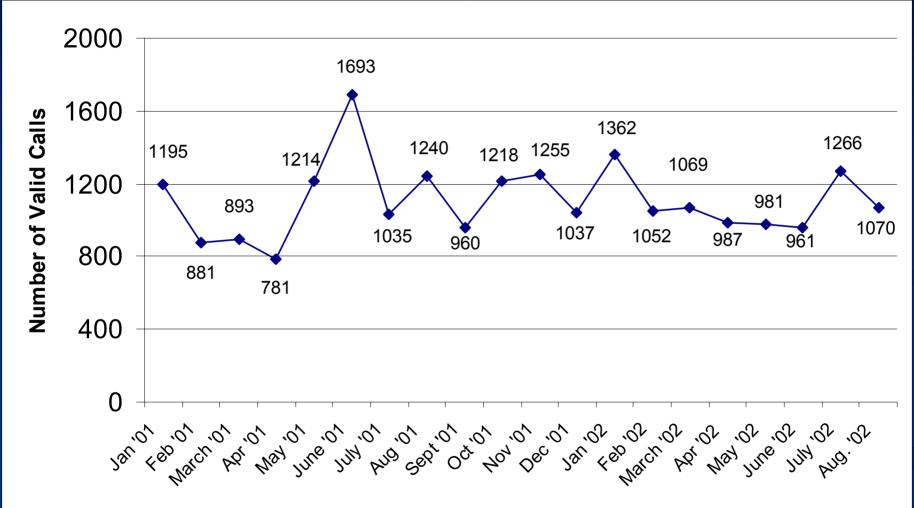
- New Quit Line ads
- Promote website to learn about the service







Call Frequencies



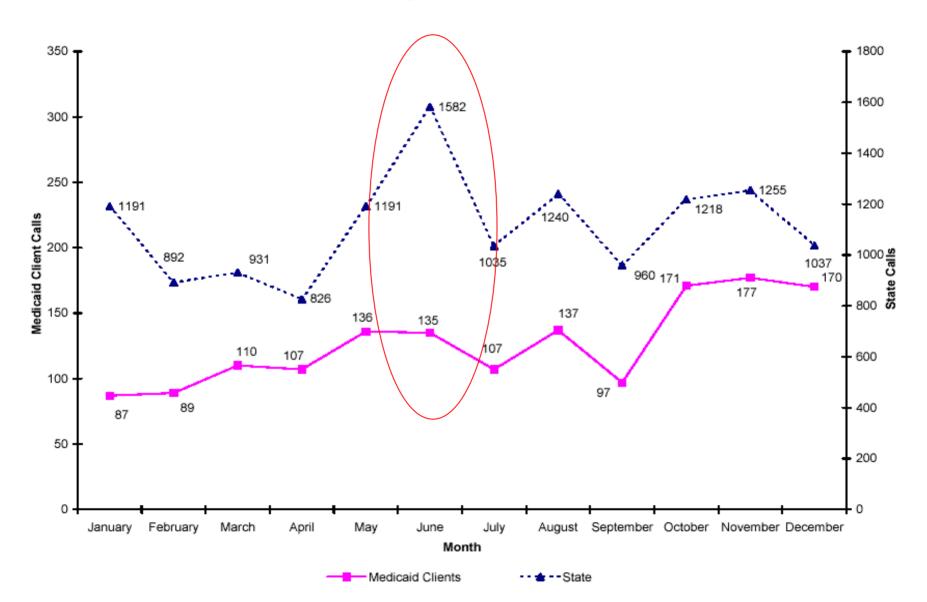
Special Population Frequencies

- A TV media blitz for Quit Line promotion in June 2001 had a significant impact among the general population, but less of an impact among some key population groups
- Hispanics are more likely to say they heard about the Quit Line from friends/family
- Medicaid clients are more likely than average to have heard about the Quit Line from a healthcare provider

Quit Line Calls

Medicaid Clients and Washington State

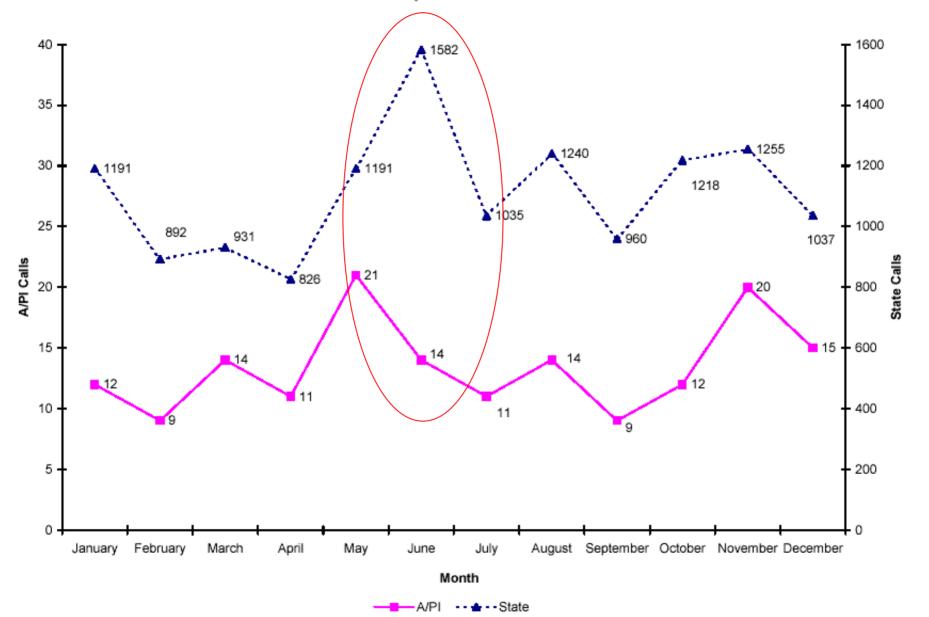
January 2001-December 2001



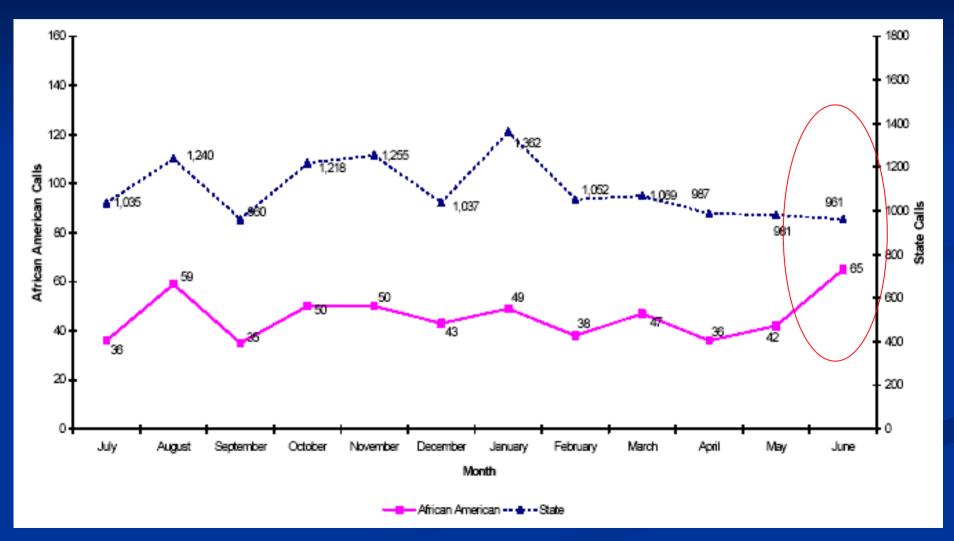
Quit Line Calls

Asian/Pacific Islander and Washington State

January 2001-December 2001



Targeted Promotion for African Americans

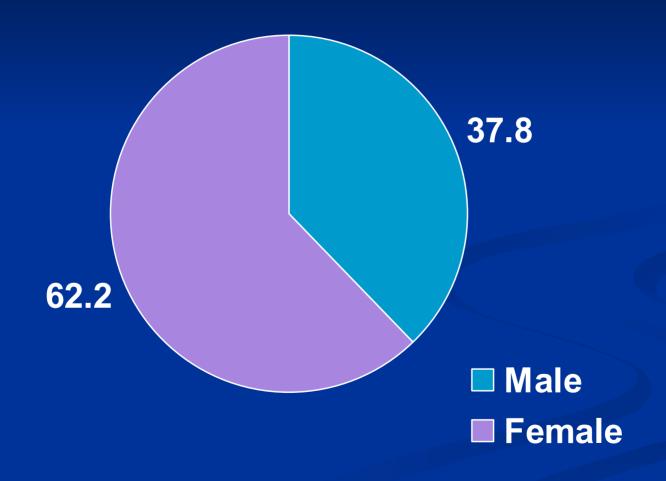


Caller Demographics

Caller Demographics

- Total callers
 - **11/00-6/01: 8,971**
 - **7/01-6/02: 13,157**
- An estimated 1.3% of Washington's tobaccousers have called the Quit Line
- Caller types
 - Tobacco users 86.2%
 - Healthcare providers 3.0%
 - Seeking information 10.8%

Caller Demographics (cont.)



Caller Demographics (cont.)

- Insurance Status
 - Private insurance or HMO 43.9%
 - Medicaid 31.5%
 - Uninsured 24.6%

Demographics Among Subgroups

 DOH provides quarterly caller summaries by county & target population groups

Chelan County Quit Line Data Summary April 1 - June 30, 2002		
	County	State
Number of Calls to Quit Line	N = 29	N = 3,421
Percent of Statewide Calls	1.0%	100.0%
Percent of State Population in County ¹	1.1%	100.0%
	County %	State %
Gender	N = 29	N = 3,099
Female	62.1%	62.9%
Male	37.9%	37.1%
Race/Ethnicity	N = 25	N = 2,578
People of Color	16.0%	13.7%
White	84.0%	86.3%
Age	N = 23	N = 2,323
Less than 18 years old	0.0%	2.1%
18 - 24 years old	26.1%	16.3%
25 - 34 years old	13.0%	22.2%
35 - 44 years old	34.8%	27.3%
45 years and older	26.1%	32.0%
Education	N = 29	N = 2,679
Did not graduate high school	17.2%	17.8%
High school graduate	31.0%	33.7%
Some college/vocational school	44.8%	37.4%

Interesting Demographic Trends

- Native American callers tend to be older, less well educated, and more likely to have heard about the QL from a health care provider
- Although Spanish-speaking counselors are available, very few clients are counseled in Spanish (about 2 per month)
- About 20 or so people under 18 call each month, and about 10% of them have heard about the Quit Line in school

Caller Satisfaction

Satisfaction Surveys

- A random sample of Quit Line callers were called back at 2 months after their initial contact
- A variety of satisfaction measures were assessed
- N=356

Satisfaction Results

- Clients who reported being "very satisfied" or "somewhat satisfied"
 - Counselor 87.1%
 - Materials 89.2%
 - Overall experience 86.0%

Would recommend the Quit Line to a friend – 88.2%

Quitting Effectiveness

Quit Status Surveys

- A sample of tobacco users were called back at 6 months to assess their quit status
- 50% of clients who were sampled were reached for call-back, therefore final quit status assumes that everyone not reached had relapsed
- Final N=295

Success in Quitting

Caller quit for at least 24 hours following their call to the Quit Line: 82.0%

Caller had been tobacco-free for at least 7 days 6 months after calling the Quit Line: 13.5%

Cost-effectiveness

Cost-Effectiveness

Estimated cost of the Quit Line service per Washington State smoker: \$1.40

Estimated cost of the Quit Line per caller who made a serious attempt to quit: \$140

Estimated cost of the Quit Line per caller who was tobacco free at 6 months: \$830

Unmeasured Effects

- A Quit Line is most effective as one part of a comprehensive program approach - for example, in combination with communitybased activities and a tax increase
- Having a promotional campaign for a Quit Line, and availability of a Quit Line, may "normalize" and increase quitting even among people who never call the Line

Conclusions

- The Washington Tobacco Quit Line has been successful within the general population:
 - People know about the Quit Line
 - People call the Quit Line
 - Callers are satisfied, overall
 - Quit rates are comparable to research
 - Service is cost-effective

Future Directions

- Ongoing monitoring of marketing strategy effectiveness
- Specific analysis of what communitybased QL promotional strategies are most effective (with Oregon partners)
- More extensive follow-up to assess satisfaction and effectiveness among populations of interest:
 - Uninsured/Medicaid vs. insured
 - Youth and young adult callers
 - Race/ethnic minority callers

Thank you!

For more information:

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